

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

|                                                          |                                                                                   |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 726326</b>                                 |  |
| 1. Entity Name<br><b>AIR BOAT ASSOCIATION OF FLORIDA</b> |                                                                                   |

|                                                                        |                                                                |
|------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>25400 SW 8ST<br/>MIAMI, FL 33157</b> | Mailing Address<br><b>PO BOX 650611<br/>MIAMI, FL 33265 US</b> |
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02192008 No Chg-NP CR2E037 (4/08)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2849731</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                     |
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| 6. Name and Address of Current Registered Agent<br><br><b>ERWIN, CHARLES<br/>6145 SW 85 AVE<br/>MIAMI, FL 33143</b> |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

|                                                     |                                                                                                                       |                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>U000000856847<br/>03/28/08-80027-019 61.25</b> |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>POTTER, RICHARD<br/>10010 SW 181 ST<br/>PERRINE, FL</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>ERWIN, CHARLES<br/>6145 SW 85 AVE<br/>MIAMI, FL 33143</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>PRICE, KEITH<br/>12267 SW 195 TERR<br/>MIAMI, FL 33177</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>BALMEN, DAVE<br/>3845 SW 103 AVE #101<br/>MIAMI, FL 33165</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Charles Erwin **March 11, 2008** **305-607-7706**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #